HIT Planning Advance Planning Document (P-APD) for

Missouri Department of Social Services

MO HealthNet Division

March 8, 2010

DRAFT V3.0

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1   OVERVIEW

The Missouri Department of Social Services (DSS), MO HealthNet Division (MHD) is the single state agency that administers the Missouri Medicaid program. This planning advanced planning document (P-APD) is a request by the State of Missouri for enhanced federal financial participation (FFP) from the Centers for Medicare & Medicaid Services (CMS). The American Recovery and Reinvestment Act (ARRA) of 2009 authorizes incentive payments to certain eligible Medicaid providers for the adoption and meaningful use of certified Electronic Health Records (EHRs). The funding requested in this P-APD is for resources to conduct planning activities necessary and develop a strategic plan to guide implementation efforts.

ARRA Section 4201 provides 100% FFP for incentive payments to eligible providers and 90% FFP for State administrative activities. This P-APD outlines the planning activities necessary to develop the State Medicaid HIT Plan (SMHP) and implement the Medicaid Provider Incentive Program, and for which the State is requesting 90% FFP. DSS/MHD will submit to CMS for federal approval the SMHP and the Implementation Advanced Planning Document (IAPD), as well as any contract amendment with the Fiscal Agent for carrying out the provider incentives program, at a later time.

1.1   Background

Executive Order 09-27 issued by Governor Jay Nixon created the Office of Health Information Technology (MO-HITECH). MO-HITECH is currently assigned to the Department of Social Services as the State Designated Entity responsible for the development and application of an effective HIT/HIE infrastructure for the State of Missouri. MO-HITECH is led by the Director of the Department of Social Services, Ronald J. Levy, who serves as the HIT Coordinator for the State of Missouri. The HIT Coordinator is responsible for the coordination, integration, and alignment of efforts with Medicaid and public health programs and the statewide health information exchange.

The HIE project will employ a collaborative public stakeholder process to be overseen by a public-private Advisory Board that will provide guidance to the Office of MO-HITECH. Public stakeholder Workgroups will be convened to inform strategy development around the key areas of governance, technical infrastructure, finance, business and technical operations, legal/policy, and consumer engagement. The MO-HITECH Advisory Board was created and is responsible for advising the state on the development of Missouri's HIT/HIE strategic and operational plans, including a clear statement of health care improvement goals and a long term plan for sustainability, of Missouri's HIE infrastructure in compliance with directives from the Office of the National Coordinator for Health Information Technology by April 2010. The Office of MO-HITECH shall provide for the professional and administrative support of the Advisory Board, and the ongoing operations of the office. Upon approval of the state's operating plan by the Office of the National Coordinator, the Advisory Board will terminate unless extended by Executive Order.[1]

In 2006, Missouri completed a Medicaid Information Technology Architecture State Self-Assessment (MITA SS-A) and Technical and Enterprise Architecture Assessment and

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[1] Executive Order 09-27, November 4, 2009

developed a plan for moving the MMIS forward to its envisioned "To Be" state. The MITA SS-A was submitted to CMS with an implementation advanced planning document (IAPD) and Request for Proposal (RFP) to Reengineer the Missouri MMIS. Currently, the MO HealthNet Division is overseeing the design, development, and implementation of enhancements to modernize the MMIS, including implementation of a relational database, rules engine, web-based services, and an enterprise service bus (ESB). The Clinical Management Services and Pharmacy and Prior Authorization (CMSP) system was implemented with a secure website for providers to access claims history, request prior approval of services, and review care plans for Chronic Care Improvement Program (CCIP) participants for the purposes of care coordination. A primary goal of Missouri's planning efforts will be to leverage and integrate existing initiatives into a statewide infrastructure for health information exchange as described in Section 2 below. DSS/MHD will support and collaborate with the State designated authority, the State HIT Coordinator, and the Regional Extension Centers on this important national health care initiative.

1.2 Approach

In July 2008, DSS/MHD began a collaborative effort with the Department of Health and Senior Services (DHSS) and the Department of Mental Health (DMH) to address health information exchange between these state entities. DSS/MHD will continue their strategic planning activities to align its previously developed DSS Strategic Plan with the statewide HIE strategic plan. New directives and funding opportunities will also require interfaces, coordination, and exchange of information with private sector entities. Goals will align with the national goals to encourage the adoption and meaningful use of certified electronic health record (EHR) technology and promote health care quality and information exchange.

The DSS/MHD, DHSS, and DMH agencies will join together in a service bureau exchange to link with the statewide hub to interface with eight contiguous states and the national healthcare information network (NHIN). Collaboration with state entities other than DHSS and DMH is planned, where feasible.

Current DSS/MHD assets can serve as the foundation for ONC, CMS, and Missouri initiatives. The original DSS Strategic Plan was created before the recent ONC grant opportunities and CMS requirements were announced. DSS/MHD proposes to build on its current investments in improvements to the MMIS and implementation of the Missouri Clinical Management Services, Pharmacy, and Prior Authorization system (CMSP). Reengineering of the MMIS is underway and on time, following a 2009 – 2012 enhancements schedule. The CMSP is a licensed Web-service and relational database product, accessible throughout the State to authorized providers. It supports electronic prescribing (e-prescribing), prior authorization requests requiring clinical data, and other shared laboratory and clinical data. CMSP supports federated web services as a first step toward service oriented architecture (SOA), which is encouraged by MITA and the ONC Connect project.

To demonstrate meaningful use, clinicians will need to be able to view EHRs from other clinicians, download information into an EHR (e.g., lab results), and push EHR data from their systems to others. During the planning process, DSS/MHD will determine what information will be included in an EHR, what data standards will be used until national meaningful use standards are finalized, and how Medicaid and ARRA funds can be leveraged to support a sustainable health information exchange infrastructure.

For purposes of the Medicaid provider incentive program, DSS/MHD by necessity must identify and track hospital and eligible professional attestations of meaningful use. This will require modifications to the MMIS and development of program operation policies and administrative procedures to support these functions. MHD must develop the policies and procedures necessary for accountability under ARRA. MHD is charged with assisting State Medicaid providers in adoption and conversion to certified EHR/EMR technology.

MHD will use State MO HelathNet (Medicaid) personnel and contractor staff to complete these planning activities within the next four months. Members of the DSS Strategic Planning group are participating in the statewide HIE work groups, assuring ongoing collaboration and cooperation with the statewide HIE initiative working toward health information exchange statewide.

2   STATEMENT OF PURPOSE, NEED, AND OBJECTIVES

The purpose of this HIT P-APD is to create a State Medicaid HIT Plan (SMHP) that will serve as the strategic vision to enable the State to achieve its future vision by moving from the current "As-Is" HIT Landscape to the desired "To-Be" HIT Landscape, including development of a five-year comprehensive HIT Roadmap and Strategic Plan over the next five years.

The primary objective of the planning process is to develop the Missouri Medicaid SMHP and plan for implementation of the provider incentive program. To begin, DSS/MHD will continue the strategic planning activities to align the previously developed DSS Strategic Plan with the statewide HIE Strategic Plan. DSS/MHD will survey stakeholders Medicaid, public health, and mental health providers across the State to gather a common understanding of the current range of HIT activities in place in Missouri today and plan for leveraging existing resources, where feasible, in a way that supports the section 4201 activities. Other stakeholders to be surveyed include: State health care payers such as MO Consolidated; MO High Risk Pool; Public Safety Conservatency; the university medical centers, clinical associations such as the Missouri Primary Care Association, Missouri Rural Health Association, MO State Hospital Association, the Pharmacy Association, Managed Care Organizations, Department of Correction, Department of Eligibility and Secondary Education (DESE), vendors, other interested parties, and consumers.

2.1   Interrelationships with Current HIT Initiatives and MMIS

Over the past 16 months, DSS/MHD, DHSS, and DMH representatives have met regularly and talked about health information data sharing and how to leverage HIT assets to better coordinate care provided to participants, gain efficiencies of shared resources, reduce waste and state cost through duplicate care, and promote efficiency of cost for data storage.

The DSS/MHD will identify the interdependencies within the current Medicaid, public health and mental health HIT projects, as well as new ones that develop during strategic and operational planning activities. DSS/MHD maintains a secure website for providers to access medical, institutional, dental, and pharmacy claims history for the purposes of care coordination. The three state agencies maintain a "common area" and collaborate on a common identification number for participants within the programs and DHSS currently assigns a unique number to all newborns in Missouri. A primary barrier to these efforts is the recognized limitation on match on participant unique identification numbers. During the P-APD planning, DSS/MHD, DHSS, and DMH will survey utilization and research causes and develop an approach for correcting the issue of missing participants.

2.2   Missouri HIT Workgroups and Collaborative Efforts

Within Missouri, there are ARRA initiatives that will work in parallel with the DSS/MHD, DHSS, and DMH efforts to enhance the adoption of health information technology (HIT) and facilitate health information exchange (HIE). When clinicians adopt and use EHR technology, they will make medical information available to providers, pharmacies, and participants through Web services for purposes of care coordination, empower participants to better care for themselves, and provide standards and outcome data to providers to foster improved care for participants within their practices. The DSS/MHD, DHSS, and DMH are collaborating to produce a master

patient registry. Currently, DHSS issues a unique identifier to all newborns in Missouri. Medicaid and DMH patients are given a unique identifier within the same system (common area). This participant number is used for care coordination, services tracking, and payment purposes within the State's health care system.

1. **Department of Health and Senior Services –** The public health system in Missouri is comprised of the DHHS, 114 local public health agencies, and multiple other partners, such as health care providers, that work together to protect and promote health[2]. DHSS currently receives data electronically from over 80 hospitals in Missouri and four laboratories. Most of this data exchange is in real-time Health Level 7 (HL7) reporting. DHSS maintains systems to support required Public Health and Centers for Disease Control and Prevention surveillance and reporting such as the vital statistics reporting, immunization registry, cancer registry, emergency room visits and community data profiles, newborn and lab screening data. DHSS current have two programs that provide support for children with disabilities and cancer screenings that are required to pay claims. The paid claim data is available via the Missouri Health Strategic Information Cooperative (MOHSAIC) system and eligibility is available electronically including the connectivity to look up Medicaid eligibility.[3] DHSS and MO HealthNet share vital statistics and immunization data and DHSS contractors provide waiver services for MO HealthNet participants and submit claims to the MMIS for payment.

2. **Department of Mental Health –** DMH receives electronic eligibility data from DSS, and has incorporated that data its DMH enterprise web-based system, Customer Information Management, Outcomes and Reporting (CIMOR). The CIMOR system also creates and sends claims to payers including Medicaid, Medicare, and private insurance companies using HIPAA standard 837 transactions.

3. **Missouri Coalition of Community Mental Health Clinics –** Founded in 1979, it represents Missouri's not-for-profit community mental health centers (CMHC), as well as alcohol and drug abuse treatment agencies. Twenty-eight member agencies are enrolled in Medicaid and DMH programs to provide treatment and support services to approximately 200,000 people each year. As a provider of service, the CMHCs submit claims to MMIS using HIPAA standard 837 transactions.

4. **Missouri Federally Qualified Health Centers (FQHCs) –** Provide delivery of health care services to low-income populations throughout the State of Missouri and are enrolled in Medicaid and DMH programs to provide treatment and support services to Missourians. As a provider of service, the FQHCs submit claims to MMIS using HIPAA standard 837 transactions.

5. **Missouri Rural Health Clinics (RHCs) –** There are 342 Rural Health Clinics and 21 Federally Qualified Health Centers who provide health care services at 121 sites throughout the state of Missouri and are enrolled in Medicaid and DMH programs to provide treatment and support services to Missourians. As a provider of service, the RHCs submit claims to MMIS using HIPAA standard 837 transactions.

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[2] Missouri Department of health and Senior Services Website at http://www.dhss.mo.gov/
[3] Missouri Health Information Technology Project, Project Narrative. Application to ONC, October 2009.

6. **Missouri Primary Care Association (MPCA) –** Is a not-for-profit corporation founded in 1984 as an alliance of Community and Migrant Health Centers. MPCA is a network of 21 community and migrant health centers in both urban and rural Missouri, with more than 120 comprehensive, community based centers that serve nearly 310,000 patients in 1.1 million encounters in 2006. The association functions as an advocacy voice for the medically indigent, and explores and implements activities aimed at providing and promoting high quality, accessible, and personalized health care services to urban and rural populations (regardless of pay) in the State of Missouri.

7. **Missouri State Hospital Associations –** Provides to member hospitals such services as: advocacy for health care legislation effecting institutions, health care institutional data for research and outcomes measurement, training, education, and outreach to hospital staffs and health care consumers. The association collaborates with Medicaid, public health and mental health on day-to-day provider services rendered by member hospitals, policy changes to programs, health information exchange, health surveillance activities, health outcomes measurement, etc.

8. **Missouri Department of Elementary and Secondary Education (DESE) –** DESE maintains a database of information for children enrolled in Missouri schools. Collaboration with Medicaid, public health, and mental health would include with health information exchange for purposes of care coordination, public health surveillance, case management, and population based studies on preventive care within school age population.

9. **Missouri Consolidated Health Care Plan –** Is the Missouri State Employees health insurance plan. Collaboration with Medicaid, public health, and mental health would include sharing of health information data for research and measurement of health outcomes; using functionality within the reengineered MMIS for multi-tiered benefit plan claims processing functions could be merged; coordination of benefits and increased benefit administration cost efficiencies for and larger discounts to State by increasing numbers of members in health plans.

10. **Department of Corrections –** Provides health care services to inmates in Missouri State Penitentiaries. Collaboration with Medicaid, public health, and mental health would include sharing of health information data for research and measurement of health outcomes; using functionality within the reengineered MMIS for claims processing; coordination of benefits and increased benefit administration cost efficiencies for and larger discounts to the State by increasing numbers of members in health plans.

11. **Broadband –** Section 6001(b) of the ARRA specifically addresses the availability and access to Broadband technologies. In August 2009, Governor Jay Nixon announced that the State and Sho-Me Technologies have partnered together to apply for $142.3 million in federal recovery funds to significantly expand the reach of broadband Internet services in Missouri. A critical piece of the five-year MoBroadbandNow Project, this initiative would expand broadband accessibility to 91.5% of the total population, a significant increase from current project accessibility of 79.7%. It is our intention to integrate as much as feasible the efforts of the Missouri Broadband project with the

DSS/MHD efforts[4]. Missouri, being a large, primarily rural state, will face significant challenges in implementing HIE objectives in areas with significant shortages of broadband capacity. This project has the potential to connect doctors and patients across the State through the Internet. Our DSS/MHD solution is a border-to-border solution within the State, enhancing capability to exchange data with the eight continuous states and national partners.

12. **Missouri Telehealth Network (http://telehealth.muhealth.org/) –** The Missouri Telehealth Network (MTN) began in 1994 as one of the nation's first public private partnerships in Telehealth. A nine-site network was initially developed with federal support coming from HRSA's Office of Rural Health Policy and private support coming from telecommunications companies, as well as each Telehealth site. Today, MTN has over 150 sites in 47 Missouri counties and the City of St. Louis. The growth in specialty services is important to meet the needs or rural and underserved Missouri citizens who do not have access to these services through conventional delivery systems.

13. **Regional Extension Centers –** The HITECH ARRA, Section 3012, authorizes a Health Information Technology Extension Program (Extension Program). By statute, the Extension Program consists of a national Health Information Technology Research Center, and Regional Extension Centers. The Extension program addresses critical, short-term prerequisites to achieving the vision of a transformed health system where every American benefits from secure, interoperable EHRs. The Regional Extension Center in Missouri will serve as the essential, recognized resource and innovative expert in health care quality and improving outcomes. The Regional Extension Center in Missouri will advance the implementation and use of health information technology to improve health care quality, efficiency, and safety by empowering providers to make informed health decisions and contribute to the interoperability of patient-centric healthcare data, and assist with the adoption and utilization of EHRs by providers in Missouri to achieve significant improvement locally and nationally in health quality. The University of Missouri is leading the efforts and the full application was to be submitted on November 3, 2009.

14. **Medicaid Incentive and Loan Programs –** ARRA section 4201 establishes a program for payment to providers who adopt EHR and demonstrate meaningful use. This incentive funding is to be used for adoption, implementation or upgrade of certified EHR technology and supporting services. ARRA section 3014 includes appropriated funds to support a loan program designed to aid providers with the adoption of EHR systems and to spur HIE at the state, regional, and local level in Missouri. These efforts will aid Missouri in moving toward an interoperable health information exchange. These measures will be integrated into the MO HealthNet SMHP Strategic and Operational Plans for HIT. DSS/MHD is working on the State Medicaid HIT Plan. As a part of that process, DSS/MHD will apply for both the incentives program and the loan program.

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[4] Missouri Jay Nixon's Press Release, August 12, 2009 Visit the BroadbandNow website at: http://transform.mo.gov/broadband/

15. **Missouri Division of Workforce Development. (http://www.ded.mo.gov/wfd/) –** The ARRA provides funds to several existing workforce development programs administered by the U.S. Department of Labor, including programs authorized by the Workforce Investment Act. Successful training programs funded through this SGA will prepare participants for employment within the health care sector or other high-growth and emerging industries. Missouri's Division of Workforce Development works with a number of strategic partners, including Microsoft[5], to educate the workforce on health care information technology and health care information exchange.

2.3 Opportunities for Economy or Efficiency

Potentially, there are opportunities for DSS/MHD to share IT assets with DHSS and DMH and other State agencies and stakeholders. These opportunities will be identified in the statewide HIT strategic plan developed during the ONC planning grant period. DSS/MHD will also use the environmental scan to identify other collaborations and initiatives providers are involved in enabling our planning process to identify economies and efficiencies that can be accomplished. As a courtesy, DSS/MHD has forwarded a copy of the Missouri grant narrative to CMS Regional Office for review and comment.

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[5] Missouri Governor Jay Nixon news release, November 2, 2009. Innovative partnership with Microsoft to provide high-tech skills program free of charge

3   PROJECT MANAGEMENT PLAN

3.1   Nature and Scope of Activities

The most critical activities of the planning process will include strategic planning, HIT ("As Is") Landscape, identifying stakeholders for collaboration and IT assets to be leveraged, developing and issuing the provider surveys to gather data, and review of legislative rules governing exchange of protected health information (PHI). State staff and contractor staff will work on these tasks through the planning phase.

Deliverables to be produced during the planning phase include:

1. Current Landscape and HIT Survey Assessment Report

2. Provider Incentive Program white paper and legislative handout.

3. Provider Incentive Program Policies and Procedures

4. Provider Manual additions/updates

5. Medicare Coordination Plan

6. RECs Coordination Plan

7. Assess and update MITA SS-A for affected Medicaid Business Processes

8. SMHP aligned with a vision of the State's HIT future

9. HIT Roadmap for next 5-10 years

10. MMIS Change Request(s)

11. Provider training and outreach materials and services during the planning period

12. DSS/MHD, DHSS and DMH approach identifying "missing participants" to statewide common area participant unique identifier.

DSS/MH anticipates that after completing the SMHP, one or more RFPs may be necessary to implement the strategic plan and these resources would be included in the IAPD for implementation.

Project Management is the responsibility of the Project Manager (PM), the Planning Team, and later, the Implementation Team, who will carry out the resulting Operations Plan. Because of the importance and complexity of this project, the State will establish a complete Project Team specific to this project. Members of the Project Team will participate on statewide HIE work groups, ensuring a close working relationship and collaborative effort statewide.

The Project Manager will follow steps consistent with the Project Management Institute's Project Management Body of Knowledge® (PMBOK), and Project Managers will be certified Project Management Professionals (PMPs). DSS/MHD will tightly monitor and control PMO activities, and will report status to CMS on a regular basis.

3.2   Project Organization

The DSS/MHD will establish a Project Management Office (PMO), as illustrated in Figure 1, and as described on the following pages. A project manager (PM) will be assigned by the State to oversee the activities related to this P-APD. Other State staff and contractors will assist the PM in implementing the Provider Incentives Program, completing the SMHP activities, developing the Strategic Plan, HIT Roadmap, and Concept of Operations (COO).

The State intends to conduct all planning activities up to and including assessments and gap analysis, conducting stakeholder surveys, development of an HIT strategic plan, reviewing approaches for unique participant identifier and/or member registry, and planning for implementation of the provider incentive program.

Figure 1 Project Management Organization Chart
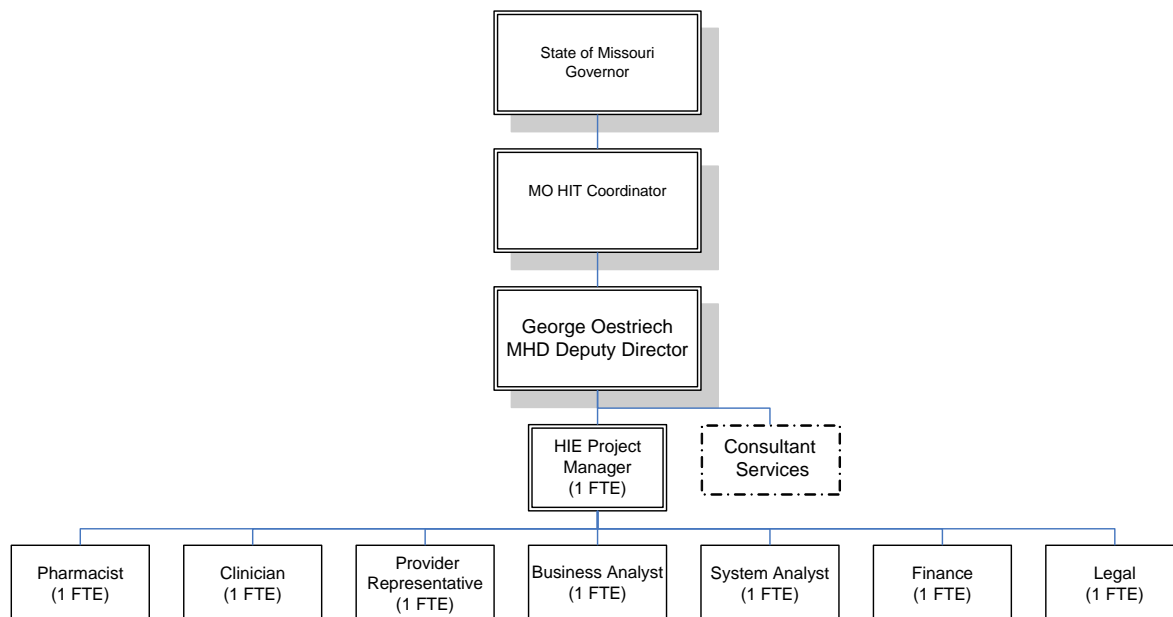
3.3   Personnel Resources Statement

DSS/MHD will dedicate the personnel and resources necessary to assure successful completion of this project. The MHD Deputy Director, George Oestreich, will have overall responsibility for this project. He currently serves as HITECH project director and will also serve as HIE Project Manager until a successor is named. Dr. Oestreich has more than 10 years of experience in Missouri Medicaid, and extensive past experience working on planning, procurement, and contract management. Dr. Oestreich brings significant leadership experience to this process and has an established relationship with critical players within State government and a leadership role within statewide HIE to facilitate collaboration with the statewide HIT Coordinator and successful and timely effort in the planning phase of this project to ensure collaboration between the Medicaid and Statewide HIE initiatives.

3.4 Staffing and Organization

The DSS/MHD will establish a multidisciplinary Planning Team to complete the scope of work for the SMHP Planning Phase. The Planning Team will report to the HIE Project Manager (currently George Oestreich is servicing this role). Project reports will be provided to the MHD Deputy Director on a weekly basis and monthly briefings will be conducted with the DSS/MHD Executive Staff. These positions will be cost allocated as a portion of time spent on Medicaid and can overlap with positions in state HIE planning, MMIS, or other areas. State HIE positions overlapping with State Medicaid HIT positions and further overlapping with MMIS positions will be helpful not only for coordination but for future financial sustainability. Team members and their roles and responsibilities are shown in the table below.

Table 1 HIE Team Roles, Allocation, and Responsibilities

Position	FTEs	Responsibilities
HIE Project Manager	1 FTE	Responsibilities include oversight of team members to ensure project is completed on schedule and within budget. Interface with Statewide HIE work groups and DSS/MHD Executive Team.
Pharmacist	1 FTE	Collaboration and communication with pharmacies and providers on healthcare outcome measures for Pharmacy services and e-Prescribe. Assist in determining EHR data and meaningful use monitoring and identification of pharmacy data needs.
Primary Care Clinician	1 FTE	Communicates with providers to encourage adoption of EHR technology; assists in development of plan for EHRs meaningful use monitoring and identification of DSS/MHD clinical information data needs.
Provider Representative	1 FTE	Interface with providers on survey, coordinate activities with RECs, and provider outreach and training activities, initiate provider manual rewrites, answer questions and encourage adoption of EHR technology;
Policy Business Analyst	1 FTE	Develop policies and procedures for provider incentive program, review attestations, and establish processes for payments and to monitor for meaningful use of certified EHRs.

Position	FTEs	Responsibilities
System Analysts	1 FTE	Provide technical support, document and review system change requests, and system testing.
Financial SMEs	1 FTEs	Assist with procedures for MMIS provider incentive payments, adjustments, voids and changes to state and federal financial reports.
Legal	1 FTE	Guidance on all regulatory and contract issues, gap analysis of federal regulations and write policies. Includes review of HIPAA regulations and interstate privacy and security requirements, changes to trading partner agreements, and preparation of provider contracts and MOUs. Missouri has eight continuous states to collaborate with on Privacy and Security regulations.
Consultant Services	2 FTEs	Other contractor services such as facilitate strategic planning sessions, reassess affected MITA business processes, MITA framework, technical platform or information services may be used to supplement the knowledge of the DSS/MHD staff and assist in implementation of the Provider Incentive Program and development of the SMHP.

3.5   Planning Activities and Schedule

To assure a successful implementation of the provider incentive program to coordinate with Medicare hospitals in October 1, 2010 and for Medicare eligible professionals in January 1, 2011, DSS/MHD has developed a detailed work plan and schedule.

The DSS/MHD is committed to completing, at a minimum, the following activities:

1. Conduct a survey of stakeholders to complete a current HIT landscape assessment that describes the impact of these HIT activities on Medicaid beneficiaries.

2. Review MITA affected "As Is" business processes and determine "To Be" processes.

3. Strategic planning activities to develop the vision, objectives, and goals for the Medicaid program to become part of existing and planned federal, regional, statewide, and/or local health information exchanges with dates for achieving objectives of the vision, where appropriate.

4. Determine how the incentive payments will be administered to Medicaid providers who adopt and achieve meaningful use of certified electronic health record (EHR) technology.

5. Develop policies and procedures for use in overseeing provider incentive payments, including ensuring proper payments, auditing and monitoring of payments, and provider participation in statewide efforts to promote interoperability and monitoring of meaningful use of EHR data.

6. Establish procedures for coordinating payment of incentives with Medicare, to ensure there is no overlap or duplicate payments to providers eligible under both Medicare and Medicaid programs.

7. Establish procedures for coordinating identification of eligible Medicaid providers with Regional Extension Centers.

8. Develop a Medicaid HIT roadmap to identify critical tasks to be undertaken and milestones for completion to ensure Medicaid program compliance.

9. Create the outreach, training, and education necessary for the adoption and operation of EHR technology for eligible Medicaid providers.

10. Identify MMIS system changes to CMS 64 and develop system change requests.

3.6   Schedule

A complete schedule of detailed activities, including milestones and dependencies will be maintained in the Project Work Plan (PWP) as agreed to between DSS/MHD and the vendor(s). The PWP is available at any time from the PMO and included with this P-APD. The Planning Team will report status against all items in the PWP on a weekly basis to the MHD Deputy Director.

3.7   Process for DSS/MHD to Complete SMHP by September 30, 2010

It is anticipated that DSS/MHD will receive approval for this P-APD by March 31, 2010, and a minimum of four months are needed to complete analysis of provider surveys. Information gathered during the MITA State Self-Assessment (SS-A) and Technical Assessments will be leveraged, and collaboration with DSS/MHD, DHSS, and DMH stakeholders, Regional Extension Centers, and other statewide work groups will be used to achieve a successful cost-efficient HIE model.

The following table outlines the milestone tasks and an approximate timeframe for these to be completed. DSS/MHD will inform CMS of any significant changes to these steps or timelines.

Table 2 Key Planning Phase Milestone Tasks and Dates

Task	Start Date	End Date
Start-up – Project Planning	03/01/2010	03/19/2010
Receive CMS approval for P-APD, receive enhanced funding	03/31/2010	
Identify State Medicaid Personnel/Contractor staff to assist in the planning and analysis phase	03/01/2010	03/05/2010
Prepare Detailed Approach and Timeline for the Project	03/01/2010	03/12/2010
Kick off meeting with key DSS/MHD stakeholders	03/15/2010	03/19/2010
Assess Current "As Is" Landscape	03/22/2010	06/11/2010
Develop and issue Provider surveys to determine HIT landscape ("As-Is" state)	03/22/2010	04/16/2010
Complete analysis of survey results	05/10/2010	05/21/2010
Prepare Summary of "As Is" findings	05/24/2010	05/28/2010
Obtain approval of "As Is" report	05/31/2010	06/11/2010
Create HIT "To Be" Vision	04/01/2010	06/30/2010
Continue discussion and activities with DSS/MHD stakeholders	04/01/2010	06/30/2010
Update HIT vision based on approved "As Is" report	05/31/2010	06/30/2010
Identify new "To Be" future state for affected MITA business processes	04/01/2010	06/30/2010
Align with MITA SS-A "To Be" vision	05/31/2010	06/30/2010
Develop HIT Roadmap	06/28/2010	07/30/2010
Develop Provider Incentive Program	03/01//2010	07/30/2010
Develop Provider Incentive Program Processes	03/01/2010	06/02/2010
Identify changes to MMIS	03/01/2010	06/02/2010
Coordinate Provider Incentive Plan with stakeholders (e.g., Medicare and state agencies).	03/01/2010	06/02/2010
Identify Meaningful Use data collection requirements	03/01/2010	07/02/2010
Coordinate Provider Incentive Plan with RECs	03/01/ 2010	04/28/2010

Task	Start Date	End Date
Identify Provider training and outreach needs eligible under ARRA 4201 funding	03/01/2010	07/02/2010
Align Provider Incentive Program testing effort with MMIS Reengineering Project	06/14/2010	06/30/2010
Obtain approval of proposed Provider Incentive Program	07/30/2010	
Complete State Medicaid HIT Strategic Plan for DSS/MHD	07/01/2010	08/31/2010
Conduct Strategic Planning Sessions	07/02/2010	07/30/2010
Complete gap analysis to identify changes to MMIS and DSS/DW capabilities needed to integrate clinical data set(s) and coordinate reengineering project, Provider Incentive Program and statewide HIE	07/26/2010	08/13/2010
Conduct regulatory review and identify intra, and interstate exchange regulatory barriers.	04/01/2010	07/30/2010
Coordinate HIT assets with Medicaid stakeholders (e.g., DHSS, DMH and other state agencies)	04/01/2010	07/30/2010
Collaborate with State HIT Coordinator and Statewide and National HIT initiatives	07/02/2010	07/30/2010
Establish governance structure for service bureau	07/02/2010	07/30/2010
Develop roadmap for system integration	08/02/2010	08/06/2010
Align MITA roadmap and transition plan	08/09/2010	08/18/2010
Align SMHP with Statewide HIE Efforts	08/09/2010	08/18/2010
Obtain internal approval for SMHP	08/19/2010	08/31/2010
Prepare IAPDs (as needed)	08/09/2010	08/31/2010
Submit SMHP and IAPD to CMS for approval	08/31/2010	

TASK DETAIL

Start-up - Project Planning

Receive CMS Approval for P-APD

DSS/MHD can receive up to 90% federal funding to assist with SMHP development provided that a P-APD is submitted to and approved by CMS. The P-APD must be approved by CMS prior to claiming any enhanced matching funds for state administrative expenses.

Identify State/Contractor Staff to Assist in the Planning and Analysis Phase

The DSS/MHD has entered into a contract with Fox Systems, Inc. (FOX) to assist in the MITA SS-A and Independent Verification and Validation (IV&V) services for the Medicaid Management Information Project. Due to the interrelationships of MITA and HIE initiatives and the need for collaboration with other federal and state agencies, DSS/MHD would assign or hire several State staff for this analysis work in addition to contractor's staff.

Prepare Detailed Approach and Timeline for the Project

The DSS/MHD will begin initial planning. A project manager will be assigned and a detailed work plan and schedule will be reviewed by DSS/MHD management and approved. Other appropriate state agencies will be consulted, as needed.

Kickoff Meeting with Key DSS/MHD, DHSS, and DMH Stakeholders

A kickoff meeting is planned with key DSS/MHD, DHSS, and DMH stakeholders. DSS/MHD will share information on plans to survey the designated providers throughout the State, survey goals, information to be gathered, and timeline for completing the HIT environmental scan.

Assess Current "As Is" Landscape

Develop and Issue Provider Surveys to Gather HIT Landscape

A process will be required to guide the provider surveys, develop questions, identify tools, analyze data, and report findings. The process will need to address who will be involved in the survey (e.g., MHD, DHSS, DMH staff, other state staff and agencies), providers who will receive the surveys, survey tool and questions, how information will be gathered and recorded, who will review survey results and report these to the DSS/MHD Executive Staff, DHSS and DMH. The survey and other collaborative activities will result in a common vision of how Medicaid's provider incentive program will operate in concert with the larger health system and statewide efforts.

Complete Analysis of Survey Results

Gather and record results of survey, organize in appropriate localities, and conduct analysis of findings.

Prepare Summary of "As Is" Results

Prepare a report of findings, describing survey participants, and localities needing most assistance to promote adoption, type of assistance needed, and communications plan for how to reach and educate these designated providers.

Obtain Approval of "As Is" Report

Submit the Final Summary Report containing a description of the "As Is" state to DSS/MHD, DHSS and DMH workgroups for review and approval.

Create HIT "To Be" Vision

Continue Discussion and Activities with DSS/MHD Stakeholders

The DSS/MHD stakeholder work groups will participate in strategic planning sessions and develop a "To Be" vision statement, goals, and objectives for the Health Information Exchange partnership.

Update HIT Vision Based on Approved "As Is" Report

The "To Be" vision statement goals and objectives will be reviewed following approval of the Final Survey Report to ensure all goals are identified and in alignment with information gathered and planning that occurred during the Provider Incentive Program Survey.

Identify new "To Be" future state for affected MITA business processes

Identify all business processes MITA business processes affected by the Provider Incentive Program and conduct MITA sessions establish future state goals and determine desired "To Be" maturity levels.

Align with MITA SS-A "To Be" Vision

The "To Be" vision statement goals and objectives will be reviewed for consistency and aligned with the MITA SS-A "To Be" visions for the MMIS maturity levels and the statewide HIE Strategic Plan.

Develop Provider Incentive Program

Develop Provider Incentive Program Processes

Develop policies and procedures for administration of provider incentive program by DSS/MHD. Review forthcoming CMS guidance and regulations to determine rates and/or establish payment schedules for hospitals and providers who successfully adopt and demonstrate meaningful use of certified health records in their practices. Review states and federal HIPAA regulations for privacy and security of Protected Health Information (PHI) to identify any required change to State regulations as may be necessary to allow for efficient health information exchange.

Identify Changes to MMIS

Develop requirements for implementation (tracking, issuing, and reporting) of the provider incentive payments in the MMIS, including identification of designated providers in provider database, system calculation of payments, capability for voiding, auditing, tracking and reporting requirements, and changes to CMS 64, etc.

Coordinate Provider Incentive Plan with Stakeholders

DSS/MHD must establish a process to coordinate the provider incentive program with Medicare to eliminate any duplicate payments to providers. Coordinate with other state entities to encourage adoption of EHR Technology.

Coordinate Provider Incentive Plan with Regional Extension Centers (RECs)

The RECs are responsible for outreach to providers to encourage adoption and meaningful use of a certified EHR technology in their practices. It will be critical for DSS/MHD to understand the approach and extent of the RECs' outreach and to coordinate efforts with DSS/MHD provider relations outreach, training, and onsite visits currently performed by the Medicaid program. This effort may include contracting with the RECs to provide outreach, training, system support, and monitoring services to providers <u>or</u> DSS/MHD coordinating efforts and bringing on additional provider relations staff to provide these services to designated Medicaid providers and entities adopting and using a certified EHR.

Identify Provider Training and Outreach Needs

DSS/MHD will work with the RECs to identify provider training and outreach needs. The DSS/MHD may leverage the Fiscal Agent Provider Representatives' knowledge and communication methods for encouraging designated providers to adopt and use certified EHR technology. Activities that may be performed by Medicaid Programs staff include contacting and assessing the provider community needs for training on EHR technology, software use, technical training, etc. This training will be eligible for Section 4201 funding.

Align Provider Incentive Program with current MMIS Reengineering Project

Due to an overlapping timeline for MMIS testing of new relational database and business rules and the identification of provider incentive program requirements and design, development, and implementation process for reporting, there will be a need for alignment of test plans, test environments, and schedules between these two projects.

Obtain Approval for Proposed Provider Incentive Program

The administrative policies and procedures developed for the Provider Incentive Program will be submitted to the MHD Executive Committee using the current operation process for approval of new programs. Any need for publication and approval of program procedures will be handled using the same administrative process for Medicaid program regulatory and administrative procedures approval.

Implement the Provider Incentive Program

The DSS/MHD will implement collaboration with Medicare in October, 2010 and begin the Medicaid Provider Incentive Program in January 2011.

<u>*Coordinate Meaningful Use and Medicaid Data Sharing of Health Information*</u>

Meaningful Use

Missouri will review and analyze federal guidance around the definition for meaningful use. This review and analysis will include exploring possible opportunities for the State to integrate State quality and population health priorities as federal guidance permits. Planning efforts will include an assessment of current clinical quality reporting er MHD, such as HEDIS and CAHPS measures, as well as the State's health information exchange goals. Such efforts will be coordinated with statewide HIE planning to ensure that increasing requirements for meaningful use are timed with statewide HIE capacities and to ensure HIE core and value added services are available statewide and accessible to all Medicaid patients. In addition, planning for the creation of systems to monitor meaningful use will be conducted, including applying metrics and measures for providers to demonstrate meaningful use.

Medicaid Data Sharing

The SMHP will describe the mechanisms by which MHD data will be made available through the statewide HIE to allow for broader care coordination. Existing data exchange through [other efforts] will be reviewed and assessed to determine the extent to which it can be leveraged in achieving statewide exchange of Medicaid data. During the planning period, the State will determine how to best leverage these capabilities going forward. Missouri will also assess the availability of clinical decision support features on EHRs to facilitate quality improvement and EHR connectivity to critical services to drive health information exchange (e.g., a master patient index, document registries, electronic prescribing, and medication hubs). Planning efforts will include a gap analysis of existing capabilities, and the development of a plan to address those gaps.

Medicaid Incentive Program Deployment

Medicaid Incentive Program Deployment – To position Missouri so that all eligible providers are able to satisfy the applicable criteria for entitlement to meaningful use incentive payments, the State will analyze how the objectives and functionality of meaningful use can be achieved and supported through exploring the viability of a variety of initiatives:

- Enabling the deployment of ASP-based EHR systems as a means to foster lower cost EHR adoption and to facilitate the reporting of meaningful use criteria

- Creating shared enterprise services, such as a statewide medication hub, to be made accessible through the eHealth Network

- Possible adoption of the HITRUST Common Security Framework (CSF) to allow providers to more easily meet security requirements

- Developing statewide education and outreach programs to help providers implement systems that will meet the meaningful use criteria

- Coordinating EHR adoption, meaningful use measurement, and best practice standards with the REC

- Identifying opportunities to evaluate the impact of EHRs and HIE on quality and cost, including the possible use of de-identified and identified claims data for quality improvement, including the possible use of claims data to ensure the means necessary to access the appropriate level of shared services

Complete State Medicaid HIT Plan (SMHP)

Conduct Strategic Planning Sessions

The activities included within this milestone task include identification of stakeholders; preparation for and facilitation of three strategic planning sessions; review of MITA SS-A (business, technical, information); prepare draft Strategic Plan for DSS/MHD, DHSS, and DMH; present HIT Strategic Plan to stakeholders; and gather input and edit plan, as needed, to finalize and submit final SMHP to CMS. Participants in the planning processes will go through a learning curve, and attendance at CMSO and HIE conferences will prepare them to make HIE strategic decisions.

Conduct Gap Analysis and Identify Changes to MMIS and DSS/DW to Integrate Clinical Data

Conduct analysis of capabilities within MMIS and DSS/DW to collect, store, retrieve, and report on clinical data. This will include collaboration with stakeholders to determine clinical data that will make up the EHR, metadata standards, and identification of quality performance measures. It is anticipated that implementation of ICD-10 will be key to monitoring of meaningful use for incentive payments, improve the capability to measure health care outcomes and quality of care and support pay for performance (P4P) and other quality improvement initiatives.

Conduct Regulatory Review

Conduct regulatory review of intrastate and interstate exchange of health information and privacy and security rules; hold discussions with bordering states to collaborate on exchange of protected health information with providers in surrounding states. Make any needed changes to regulations, trading partner agreements, and Memorandum of Understandings (MOUs) within state agencies, etc.

Coordinate HIT Assets with Medicaid Stakeholders

DSS/MHD will conduct a HIT Landscape DHSS and DMH and appropriate statewide entities. As part of this initiative, DSS/MHD will identify IT assets for potential shared assets, identify areas where additional technical capabilities would benefit statewide entities, and improve capabilities for exchange of clinical data.

Collaborate with State HIT Coordinator and National Initiatives

DSS/MHD will coordinate and collaborate with the State HIT Coordinator to determine a vision of the statewide HIT future. Collaborate with ONC on national HIT initiatives and NHIN Connection. Planning will include participation and sharing of data exchange with the U.S. Department of Defense (DOD), U.S. Department of Veterans Affairs (VA), and other national health plans.

Establish Governance Structure

This task includes establishing from within the DSS/MHD, DHSS, and DMH stakeholders a governance structure (framework, policies, procedures, administrative practices, and performance measures); and appointing a Business Governance Body and a Technical Review Board to oversee development, assembly, and management of the HIE platform architecture and networks and management lifecycles. DSS/MHD will work with the Business Governing Body and the Technical Review Board to coordinate activities across their respective programs and its many stakeholders, including Medicaid, public health, and mental health programs.

Develop HIT Roadmap for System Integration

The planning team will identify agency projects and priorities both included in current contracts and those for which additional assistance may be needed. These will be used to develop a high-level roadmap for implementation of the EHR, noting anticipated schedule and dependencies, strategies for data sharing, record types for exchange, as well as identifying pitfalls in maintaining security and privacy of protected health information (PHI) and electronic protected health information (ePHI). Benchmarks will be established and measured over time. This effort will result in a high-level system integration roadmap and strategic plan outlining short- and long-term goals (10 yrs +) for the Missouri MO HealthNet program and DSS/MHD, DHSS and DMH.

Align MITA Roadmap and Transition Plan

Align MITA roadmap and transition plan with HIE roadmap and transition plan to ensure Level 3 for business processes

Align SMHP with Statewide HIE Initiatives

Due to the overlapping timeline for the development of the statewide HIE Strategic Plan and development of the SMHP, it will be necessary to review the Statewide HIE Strategic Plan and identify any inconsistencies or gaps prior to finalizing the Missouri SMHP.

Obtain Internal Approval for SMHP

A presentation of the SMHP will be given for the DSS/MHD Executive Staff to ensure maximum input and opportunity for response to questions. The document will then be submitted for approval using the current operational procedures.

Prepare Implementation Advance Planning Document(s)

Following approval, DSS/MHD will prepare an IAPD(s) for any requests for proposal, additional consulting services, administrative staff, etc., to carry out implementation of the SMHP.

Submit SMHP and IAPD to CMS

DSS/MHD will submit to CMS the final SMHP and Implementation Advanced Planning Document (IAPD).

4   PROPOSED BUDGET

Table 3 Proposed Budget

Approval Date	Description	Federal Share (90%)	State Share (10%)	Total (100%)
Pending	MO HealthNet (Medicaid) Personnel Costs	$1,141,200	$126,800	$1,268,000
	Contractor Consulting Costs (2 FTEs)	$315,000	$35,000	$350,000
	Collaboration Meetings with HIT Coordinator, State entities, HIE workgroups	$13,500	$1 ,500	$15,000
	Miscellaneous (meeting costs, printing, webinar, etc.)	$4,500	$500	$5,000
	Publications and attendance at HIE conferences (training and MMIS Conference)	$10,800	$1,200	$12,000
	Attendance at CMSO Conference 2/2010	$4,500	$500	$5,000
	Multi-State eHealth NASMD Collaborative Dues	$7,200.00	$800	$8,000.00
	Travel	$19,800	$2,200	$22,000
	Training (facilities, materials)	$9,000	$1,000	$10,000
Totals		$1,525,500	$169,500	$1,695,000

5 STATE/CONTRACTOR NEEDS

The DSS/MHD plans to contract with selected vendor(s) to assist in this planning effort. These vendors will report to the DSS/MHD project manager and will accomplish the following tasks:

1. Extend the MITA SS-A to detail new ARRA HIE and provider and reporting systems requirements and update the MITA documentation.

2. Develop and/or determine survey tools to be used. Conduct, tabulate, and report on survey results.

3. Create white paper on business process flow for implementing Provider Incentive Program. The white paper will identify how DSS/MHD will collaborate with Medicare, identify and communicate with eligible providers, and monitor to achieve meaningful use within the provider incentive program.

4. Coordinate with the Office of Missouri HITECH to lead the framework and infrastructure for the Medicaid HIE/EHR system.

5. Collaborate with other HIE/EHR and health information technology efforts that have already been initiated throughout the State of Missouri, in addition to the DSS/MHD, DHSS, and DMH – a statewide consortium of state departments of health and human services agencies and adoption of electronic data sharing initiatives in health care.

6. Determine the relationship of Electronic Medical Records, federal initiatives for the Regional Health Information Organizations (RHIOs), federal HL7 requirements, and HIPAA Rules to CMS-approved Medicaid Operations.

7. Review EHR products available in the market and usefulness of data reported to DSS/MHD.

In addition, the DSS/MHD may procure the services of one or more consulting firms, as necessary, to support the tasks and activities outlined above. This may include a consulting firm to assist with strategic planning activities, development of governance procedures, and preparing the State Medicaid HIT Plan according to CMS guidelines.

6 ASSURANCES

DSS/MHD agrees to comply with the following relevant Federal requirements:

1. The State of Missouri agrees that the information in the system is safeguarded in accordance with 45 CFR, Part164 Privacy and Security Standards.

2. 45 CFR Section 95.613 Procurement Standards: Procurements of ADP equipment and services are subject to the procurement standards prescribed in Subpart P of 45 CFR Part 74 regardless of any conditions for prior approval. These standards include a requirement for maximum practical open and free competition regardless of whether the procurement is formally advertised or negotiated.

3. 45 CFR Section 96.617: The State shall own any software, procedures, or publications that are designed, developed, installed, or improved with 90 percent FFP. The State shall retain the right to sign, extend, and cancel any licenses for software used in operation of the enhanced Medicaid system.

4. 42 CFR Section 431.300 Safeguarding Information on Applicants and Recipients: The agency agrees that the information in the system will be safeguarded in accordance with Subpart F, Part 431 of 42 CFR.